

AUTHORIZATION FOR CREMATION AND DISPOSITION

I.D. TagNo. _____

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of: _____ (hereinafter referred to as the "Deceased").
Name of Deceased **Date of Death** **Time of Death**

Date and Time of Viewing or Service: _____

I/We hereby request and authorize _____ (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at _____ (hereinafter referred to as the "Crematory").

LIST ALL PERSONAL EFFECTS TO BE CREMATED WITH DECEDENT: _____

LIST ALL PERSONAL EFFECTS TO BE REMOVED AND RETURNED TO THE PERSON/PEOPLE AUTHORIZING CREMATION: _____

I/We authorize the Crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home.

I/We authorize release of cremated remains to: _____

Name of Person(s) Authorized to Receive Cremated Remains

I/We understand that the cremated remains will be disposed of as follows: _____

If applicable, the date and time of the viewing and service for the Deceased: _____

***Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service.**

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.

Container Selected for Cremation Process: _____

2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, radioactive seeds, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation. **I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED _____ DO _____ DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.**
Please initial one

In connection with the statement above and except as set forth herein, I/We have no reason to believe that the remains of the Deceased contain a device that may be hazardous or cause damage to the cremation chamber or the person conducting the cremation process.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:**

Description of Implanted Device(s)

Place of Disposition

**If no instruction for disposition is given, such items may be disposed of at the discretion of the Crematory.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.

I (We) understand that if it is the intention to save ANY items, it is my (our) responsibility to remove them before cremation.

Name of Deceased

Date of Death

5. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

Urn or Container Selected: _____

Initials of Authorizing Agent

6. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
7. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
8. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
- Remarks: _____
9. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/ us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of one (1) year after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
10. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
11. **It is the responsibility of the family, not the crematory, to make certain all required signatures are provided. It is also the responsibility of the family, not the crematory, to notify the Funeral Home & Crematory whenever any of the information provided changes prior to death.**
12. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature	Print Name	Relationship to Deceased	Date
Address		Telephone Number	
Signature	Print Name	Relationship to Deceased	Date
Address		Telephone Number	
Signature	Print Name	Relationship to Deceased	Date
Address		Telephone Number	

Funeral Director: _____

Date: _____